U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



1 File Number U

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

12488	01 / 01 / 2004 Through 12/ 31/2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name Gregory P Gorea	Name United Food and Commercial Workers District Union Local One Labor Organization File Number
	026–854
PO Box Bldg Room No if any	P O Box Building and Room Number if any
Street 106 Memorial Parkway	Street 106 Memorial Parkway
City Utica	City
State New York ZIP Code + 4 13501	Utica State New York ZIP Code + 4 13501-4887
5 Position in labor organization Executive Assistant to t	he President/Recorder
Enter appropriate data below if during the past fiscal year you or your spot (except as specified in the exclusion)	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions)
A Held an interest in engaged in transactions (including loans) with or omenetary value from an employer whose employees your organization	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name	
Trade Name if any	
PO Box Bldg Room No if any	
Street	7 b Amount.
City	
State ZIP Code + 4	
Signa	ature
15 Signature and verification. The undersigned declares under penalty of F submitted in this report (including the information contained in any accompany undersigned s knowledge and pelief true correct and complete. (See the second	ng documents) has been examined by the signatory and is to the best of the
Signed ()	On 6-29-2005 315-797-9600 Ext 2320

Date

Telephone Number

Name of Person Filing GREGORY P GOREA	File Number U 01350
B Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent or directly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name UFCW LOCAL ONE PENSION & HEALTH CARE FUNDS Trade Name if any	a Labor Organization X b Trust
P O Box Bldg Room No If any	c Employer
Street 106 MEMORIAL PARKWAY	
City UTICA	
State NY ZIP Code + 4 13501	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name UFCW LOCAL ONE PENSION & HEALTH CARE FUNDS Trade Name if any	TRUSTEE ON HEALTH CARE AND PENSION FUNDS
P O Box Bldg Room No If any	
Street 106 MEMORIAL PARKWAY	11 b Approximate dollar value of such dealing \$2,821 49
City UTICA	12 a Nature of interest held or income received
State NY ZIP Code + 4 13501	INVESTMENT PERFORMANCE SERVICES CONF HILTON HEAD SC REIMBURSED EXPENSES, CONFERENCE REGISTRATION EXPENSES

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value						
13 a Name and address of Employer or t (including trade name if any)	abor Relations Consultant	· - 	14 a-Nature of payment			
Name						
Trade Name If any						
PO Box Bldg Room No if any						
Street						
City						
State	ZIP Code + 4					
13 b Is the Business an Employer	or Consultant	?	14 b Amount of payment			

4/28-5/1/04

12 b Amount \$2821 49

Name o Person Filing GREGORY P GOREA		File Number U 01350
B Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent or directly to or otherwise	
8 Name and address of Business (including trade name if any)	9 Business deals with	
Name UFCW LOCAL ONE PENSION & HEALTH CARE FUNDS Trade Name if any PO Box Bldg Room No if any Street 106 MEMORIAL PARKWAY City UTICA	a Labor Organizati X b Trust c Employer	on
State NY ZIP Code + 4 13501		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	9
Name UFCW LOCAL ONE PENSION & HEALTH CARE FUNDS Trade Name if any	TRUSTEE FOR T CARE FUNDS	THE PENSION AND HEALTH
P O Box Bldg Room No If any		
Street 106 MEMORIAL PARKWAY	11 b Approximate dollar value	of such dealing \$2768 20
City UTICA	12 a Nature of interest held	or income received
State NY ZIP Codu + 4 13501		ENCE IN ORLANDO FL EXPENSES AND CONFERENCE EXPENSES

13 a Name and address of Employer (including trade name if any)	or Labor Relations Consultant	14 a Nature of payment
Name		
Trade Name If any		
P O Box Bldg Room No If any		
Street		
City		
State	ZIP Code + 4	
13 b Is the Business an Employer	or Consultant 2	14 b Amount of payment

2/22-2/24/04

12 b Amount \$2768 20

Name of Person Filing GREGORY P GOREA	File Number U 01350
8 Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent or directly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name UFCW LOCAL ONE PENSION & HEALTH CARE FUNDS Trade Name if any	a Labor Organization X b Trust
P O Box Bidg Room No If any	c Employer
Street 106 MEMORIAL PARKWAY	
Caty UTICA	
State NY ZIP Code + 4 13501	-
10 If 9 b or 9 c is checked give trust or employer's name Name UFCW LOCAL ONE PENSION & HEALTH CARE FUNDS Trade Name if any P O Box Bldg Room No if any	11 a Nature of such dealing PENSION AND HEALTH CARE TRUSTEE
PO Box Blog Room No II any	
Street 106 MEMORIAL PARKWAY	11 b Approximate dollar value of such dealing \$170 79
City UTICA	12 a Nature of interest held or income received
State NY ZIP Code + 4 13501	REIMBURSED EXPENSES AND MEAL PROVIDED FOR PENSION AND HEALTH CARE TRUSTEES MEETING IN BUFFALO NY

13 a Name and address of Employer or (including trade name if any)	Labor Relations Consultar	nt —	14 a Nature of payment
Name			
Trade Name If any			
P O Box Bldg Room No If any			
Street			
City			
State	ZIP Code + 4		
13 b is the Business an Employer	or Consultant	7	14 b Amount of payment

12 b Amount \$170 79

Name of Person Filing GREGORY P GOREA	File Number U 01350
B Heid an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent or directly to or otherwise
8 Name and address of Business (including trade name if any) Name UFCW LOCAL ONE PENSION & HEALTH CARE FUNDS Trade Name if any PO Box Bidg Room No if any Street 106 MEMORIAL PARKWAY City UTICA State NY ZIP Code + 4 13501	9 Business deals with a Labor Organization X b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name UFCW LOCAL ONE PENSION & HEALTH CARE FUNDS Trade Name if any P O Box Bldg Room No if any	11 a Nature of such dealing TRUSTEE HEALTH CARE AND PENSION FUNDS
Street 106 MEMORIAL PARKWAY City UTICA	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received
State NY ZIP Codu + 4 13501	FUND MEETINGS IN COOPERSTOWN NY PROVIDED ROOM AND MEALS 8/19-8/20/04
	12 b Amount \$612 92
C Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	_14 a. Nature of payment

	or from any labor relations consultant to an employer any payment of money or other thing of value					
	13 a Name and address of Employer or Lab (including trade name if any)	oor Relations Consultant		_14 a. Nature of payment	are the second of the second of the second	
İ	Name					
	Trade Name if any					
	PO Box Bldg Room No If any					
	Street					
	City					
	State	ZIP Code + 4				
	13 b Is the Business an Employer	or Consultant	?	14 b Amount of payment		

File Number U 0/350

B Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from selling or leasing to or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent or indirectly to or otherwise
8 Name and address of Bus ness (including trade name if any) Name JANUS CAPITAL INVESTMENTS	9 Business deals with
Trade Name if any PO Box Bidg Room No if any SUITE 200 Street 2603 CAMINO RAMON City SAN RAMON State CA ZiP Code + 4 94583 10 If 9 b or 9 c is checked give trust or employer's name Name UFCW LOCAL ONE PENSION FUND	a Labor Organization X b Trust c Employer 11 a Nature of such dealing PROVIDES FINANCIAL CONSULTING TO
Frade Name if any	PENSION FUND
Oty UTICA tate NY 13501	11 b Approximate dollar value of such dealing UNKNOWN 12 a Nature of interest held or income received TRUST FUND MEETING DINNER (4-27-04) Charley's Crab House
	12 b Amount \$55 00

or from any labor relations consultant to an employer any payment of money or other thing of value		
13 a Name and address of Employer or Labor Relations (including trade name if any)	Consultant 14 a Nature of payment	
Name		
Trade Name if any		
PO Box Bldg Room No If any		
Street		
City		
State ZIP Code +	4	
13 b is the Business an Employer or Consu	14 b Amount of payment ant ?	

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with Name Chartwell Investment Partners a Labor Organization Trade Name if any XX b Trust PO Box Bldg Room No If any Suite 400 c Employer Street 1235 Westlakes Drive City Berwyn ZIP Code + 4 19130 State PA 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Provides Asset Management of Bond Portfolio Name UFCW Local One Pension Fund for Pension Fund Trade Name if any PO Box Bldg Room No If any Street 106 Memorial Parkway 11 b Approximate dollar value of such dealing Unknown Utica NY 13501 12 a Nature of interest held or income received State ZIP Code + 4 Bellfair C C Golf on 4/24/04 12 b Amount \$185<u>00</u>

13 a Name and address of Employer or (including trade name if any)	Labor Relations Consultant	14 a Nature of payment	
Name			
Trade Name if any			
PO Box Bldg Room No If any			
Street			
City			
State	ZIP Code + 4		
13 b Is the Business an Employer	or Consultant ?	14 b Amount of payment	

01350

B Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent or directly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name HGK ASSETEMANAGEMENT Trade Name if any PO Box Bldg Room No if any Street 525 WASHINGTON BLVD City JERSEY CITY	a Labor Organization XX Trust c Employer
State NJ ZIP Code + 4 07310	
Name UFCW LOCAL ONE PENSION FUND Trade Name "Wany" PO Box Bldg Room No if any	11 a Nature of such dealing MANAGES ASSETS OF THE PENSION AND HEALTH FUND
Street 106 MEMORIAL PARKWAY	11 b Approximate dollar value of such dealing UNKNOWN
City UTICA State ZIP Code + 4 NY 13501	12 a Nature of interest held or income received H H NATIONAL G C ON 4-28-2004, YAHNUNDASIS G C ON 5-19-04 & 8-20-05
	12 b Amount \$190 00

or from any labor relations consultant			
13 a Name and address of Employer or (including trade name if any)	Labor Relations Consultant		14 a Nature of payment
Name			
Trade Name if any			
PO Box Bldg Room No If any			
Street			
City			
State	ZIP Code + 4		
13 b is the Business an Employer	or Consultant ?	,	14 b Amount of payment

01350

B Held an interest in or derived income or economic benefit with me substantial part of which consists of buying from selling or leasing to of an employer whose employees your labor organization represent (2) any part of which consists of buying from or selling or leasing directions with your labor organization or with a trust in which your labor.	to or otherwise dealing with the business its or is actively seeking to represent or rectly or indirectly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name KELLY PRESS, INC	XXa Labor Organization
Trade Name If any	
PO Box Bldg Room No If any	b Trust XX c Employer
Street 1701 CABIN BRANCH	
City CHEVERLY	
State MD ZIP Code + 4 2078	35
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name UFCW LOCAL ONE HEALTH & PENSION	FNDS PROVIDES PRINTING TO UNION AND AFFILIATED FUNDS
Trade Name If any	
PO Box Bldg Room No If any	
Street 106 MEMORIAL PARKWAY	11 b Approximate dollar value of such dealing APPROX \$40,000
City UTICA	12 a Nature of interest held or income received
State ZIP Code + 4 NY 13501	GOLF AT CONGRESSIONAL C C
	9-14-2004
	10 10 10 10 10 10 10 10
	12 b Amount \$213 00

C Received from any employer (or from any labor relations consultant		
13.a Name and address of Employer of (including trade name if any)	r Labor Relations Consultant	14 a Nature of payment
Name		
Trade Name if any		
PO Box Bldg Room No If any		
Street		
City		
State	ZiP Code + 4	
13 b Is the Business an Employer	or Consultant ?	14 b Amount of payment

B Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent or directly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name INVESTMENT PERFORMANCE SERVICES Trade Name if any PO Box Bidg Room No if any Street 7402 HODGSON MEMORIAL DRIVE City SAVANNAH ZIP Code + 4	a Labor Organization XX b Trust c Employer
GA 31406	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name UFCW LOCAL ONE HEALTH & PENSION FNDS Trade Name if any	PROVIDES FINANCIAL CONSULTING SERVICES TO PENSION FUND AND HEALTH FUND
•	
P O Box, Bldg Room No if any	
Street 106 MEMORIAL PARKWAY	11 b Approximate dollar value of such dealing APPROX \$60,000 00
City UTICA	12 a Nature of interest held or income received
State ZIP Code + 4 NY 13501	GOLF AT OTESAGA 8-19-2004 Cooperstown Trust Fund Meetings
C. Descived from the complexity (ether then as a problem of the complexity)	12 b Amount \$90 00
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	

or from any labor relations consultan			
13 a Name and address of Employer (including trade name if any)	or Labor Relation. Consultant		14 a Nature of payment
Name			
Trade Name If any			
PO Box Bldg Room No If any			
Street			
City			
State	ZIP Code + 4		
13 b is the Business an Employer	or Consultant	2	14 b Amount of payment

Name of Person Filing

B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business lively seeking to represent or directly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name BANK OF UTICA Trade Name if any	Xa Labor Organization
PO Box Bidg Room No If any	Xb Trust
Street 222 GENESEE STREET	c Employer
City UTICA	
State NY ZIP Code + 4 13502	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name UFCW LOCAL ONE PENSION & HEALTH FUNDS	PROVIDES BANKING SERVICE TO UNION AND FUNDS
Trade Name If any	
P O Box Bldg Room No if any	
Street 106 MEMORIAL PARKWAY	11 b Approximate dollar value of such dealing UNKNOWN
City UTICA	12 a Nature of interest held or income received
State ZIP Code + 4 NEW YORK 13501	DINNER @ SAVOY RESTAURANT 5/6/2004
	12 b Amount \$50 00
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13 a Name and address of Employer or Labor Relations Consultant	14 a Nature of payment

or from any labor relations consultant to a	an employer any payme	nt of money	or other thing of value	
13 a Name and address of Employer or La (including trade name if any)	abor Relations Consultant	t	14 a Nature of payment	
Name				
Trade Name If any				
PO Box Bldg Room No If any				
Street				
City				
State	ZIP Code + 4			
13 b Is the Business an Employer	or Consultant	?	14 b Amount of payment	